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Complete if Known Substitute for form 1449/PTO Application Number 10/579,274-Conf. #8867 INFORMATION DISCLOSURE Filing Date October 26, 2006 STATEMENT BY APPLICANT First Named Inventor Michael A. Reid Art Unit N/A (Use as many she ets as necessary) Examiner Name Not Yet Assigned Sheet 1 65584 (71678) of 1 Attorney Docket Number

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No. <sup>1</sup>	Document Number  Number-Kind Code <sup>2</sup> ( if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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Examiner Initials*	Cite No.1	Foreign Patent Document  Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> ( <i>if known</i> )	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>	
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